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## BIB DATA SHEET

CONFIRMATION NO. 4366

|  |   |   |                                 |  |                           |                                |
|--|---|---|---------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/705,772   | <b>FILING or 371(c)<br/>DATE</b><br>11/10/2003<br><b>RULE</b>   | <b>CLASS</b><br>707   | <b>GROUP ART UNIT</b><br>2167   | <b>ATTORNEY DOCKET NO.</b><br>E30-066                        |                           |                                |
| <b>APPLICANTS</b><br>Yedidia Atzmony, Newton, MA;<br>Haim Kopylovitz, Newton, MA;<br>David I. Levinson, Framingham, MA;<br>Hana Moreshet, Framingham, MA;<br>DeAnn L. O'Hare, Hopkinton, MA;<br>Philip E. Tamer, Westborough, MA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/06/2004 |   |   |                                 |  |                           |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and <u>/KIMBERLY M LOVEL/</u><br>Acknowledged <u>Examiner's Signature</u>  |   | <input type="checkbox"/> Met after Allowance<br><u>Initials</u> | <b>STATE OR COUNTRY</b><br>MA   | <b>SHEETS DRAWINGS</b><br>12                                 | <b>TOTAL CLAIMS</b><br>16 | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>GEORGE A. HERBSTER<br>40 BEACH STREET<br>SUITE 303<br>MANCHESTER, MA 01944<br>UNITED STATES  |   |   |                                 |  |                           |                                |
| <b>TITLE</b><br>Method and apparatus for making independent data copies in a data processing system  |   |   |                                 |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>986  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                                 | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |   |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |   |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |   |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |   |                                 | <input type="checkbox"/> Other _____                         |                           |                                |
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